



# 2-Day Centered Riding Clinic with Lucille Bump

710 Mammoth Road, Dracut, MA 01826  
Phone: 978-957-4161 Fax: 978-405-5002  
Email: [info@cutterfarm.com](mailto:info@cutterfarm.com) Web: [www.cutterfarm.com](http://www.cutterfarm.com)

**Notice:**  
Negative Coggins  
must accompany  
each registration, or it  
will not be processed.

**Clinic Date:** Saturday & Sunday, June 12 & 13, 2010

**Closing Date:** June 9, 2010

## Registration Form

Rider	First Name:		Last Name:				Age
Address	City		State		Zip		
Phone	E-Mail						
Horse's Name	<input type="checkbox"/> Gelding		<input type="checkbox"/> Mare		<input type="checkbox"/> Stallion		
Age	Height		Color				
Emergency Contact	Phone w/area code						

- ♦ **Clinic Starts Saturday at 9:00am** with unmounted theory and exercises. **Bring a chair** for this session. Mounted training will be in groups of 4 after the AM session, and will continue with a 2<sup>nd</sup> mounted session on Sunday. Participants are required to attend the unmounted session.
- ♦ **ATSM helmets required** at all time when mounted.
- ♦ **Please, no dogs** on the property.

- ♦ **Grooms may audit for free if you are riding 2 or more horses in the clinic.** Otherwise, an audit fee will be charged.
- ♦ **Parents or trainers trailering minor riders may audit for free.**
- ♦ **Limited stabling is available.** For more details please call Marina at 978-697-7858
- ♦ Schedule will be emailed on June 10, 2010

Briefly describe your level/experience with this horse: \_\_\_\_\_

Unmounted Session or Audit Only

### Clinic Fee \*

Members	\$225.00	\$ _____
Non-Members	\$250.00	\$ _____
Audit/Unmounted Session	\$40.00	\$ _____
Single Day/no unmounted session	\$25.00	\$ _____
Total Amount Enclosed		\$ _____

\* *Non-refundable prior to close date unless space is filled. \$25 administration fee applies to all cancellations. No refunds after close date.*

**Mail form, Coggins & check to:**  
The Cutter Farm, Inc.  
710 Mammoth Road  
Dracut, MA 01826

### RELEASE

I understand that horseback riding is a high risk sport and I am participating at my own risk. I assume this risk and further do hereby release and hold harmless and indemnify the organizer, organizing committee, sponsors, judges, and officials, their officers, agents, employees, and volunteers, the host, and their agents of this clinic, and the owners of the property where the event is to be held, from all liability and/or negligence resulting in accidents, damage, injury or illness to myself and/or my agents, and to my property, including the horse or horses at this clinic.

**WARNING – Under Massachusetts Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.**

**SIGNATURE** \_\_\_\_\_

(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18 YEARS OF AGE)